

State of Connecticut

Clinical Disease State Management and/or Digital Therapeutics Request for Proposal

Vendor Questions and Answers

1. Please provide total number of members diagnosed with type 2 diabetes. Please provide total number of members diagnosed with type 1 diabetes.

Status	Type I Diabetics
Active	1,826
Pre-Medicare Retiree	1,306
Medicare Retiree	1,418

Status	Type II Diabetics
Active	9,740
Pre-Medicare Retiree	2,450
Medicare Retiree	10,468

Status	All Diabetics
Active	11,566
Pre-Medicare Retiree	3,756
Medicare Retiree	11,886

2. Please provide total number of members diagnosed as obese.

Status	Obesity
Active	28,056
Pre-Medicare Retiree	7,074
Medicare Retiree	11,813

3. Please provide total number of members diagnosed with prediabetes.

Status	Pre-Diabetics
Active	12,881
Pre-Medicare Retiree	3,825
Medicare Retiree	10,430

4. Question 5.5- Please provide specifications around interface requirements and systems that the awarded vendor will have to interface with (both Segal and HDMS).

There are no formal requirements or data specifications. We are requesting that you share data with the State's consultant (Segal) and Data Warehouse (HDMS). The data will be integrated into the warehouse and accessed for analysis and reporting.

Please provide detail on your data elements, including corresponding data dictionary, that would be shared.

5. Question 5.7- Please provide specifications around claims data and reporting, including enrollment files to the state's data warehouse vendor.

There are no formal requirements or data specifications. We are requesting that you share data with the State's consultant (Segal) and Data Warehouse (HDMS). The data will be integrated into the warehouse and accessed for analysis and reporting.

Please provide detail on your data elements, including corresponding data dictionary, that would be shared. Also provide sample reporting you would provide to the State that tracks program performance.

6. Question 6.4.12- Please clarify the meaning of transactional website and elaborate on what this question is asking.

It is asking whether your website allows members to make payments (e.g. copays), and/or whether members can purchase any applicable products via your website (e.g. devices, eyewear/frames). The specifics will vary by the line of coverage.

7. 2.5- Hard copy proposals are due by 7/1/22, however there is no mention of logistics regarding shipping, etc. for hard copy proposals.

Each Vendor must submit one original, one unbound, plus 1 copy of its complete response (Technical, Interim Price Proposal and Final Price Proposal) in a sealed package upon which a clear indication has been made of the RFP reference title and the date and time the proposal is submitted. Each Vendor shall also submit two copies of its complete response on a thumb drive.

Any Vendor that submits trade secrets or confidential commercial or financial information must also provide one copy of its RFP response on a thumb drive from which all trade secrets and confidential data have been redacted and which may be disclosed without objection in the event that the State receives a FOIA request for its proposal.

The package should be delivered to:

STATE OF CONNECTICUT
OFFICE OF the State COMPTROLLER
Attention: Steven Cosgrove, RFP – Clinical Disease State Management and/or Digital
Therapeutics
Administrative Services Division
165 Capitol Avenue, Fourth Floor
Hartford, CT 06106

8. Are hard copy proposals required for all submissions? If we submit through proposal tech are we exempt from providing a hard copy proposal?

Hard copies are required.

9. If hard copy proposals are required can you please provide details on where they are to be shipped?

See response to Question 7 above.

10. From your timeline, after loading the electronic copy, OSC requests that a completed response be received by July 1 2pm EDT. Can OSC consider the environmental impacts of a hardcopy request and perhaps remove this requirement? If your answer is no, 24 hours seems like a very tight turnaround based on the end time of the electronic loading. Can OSC consider a revised timeline so that one hard copy can be received before July 5 2 pm EDT?

The deadline for hard copies will be extended to July 5 at 2:00 EDT.

11. RE: 5.5 - "The Vendor will be required to interface with the following organizations below. Confirm your agreement." Can the State provide clarification/additional detail on what specifically interface entails from the proposer?

There are no formal requirements or data specifications. We are requesting that you share data with the State's consultant (Segal) and Data Warehouse (HDMS). The data will be integrated into the warehouse and accessed for analysis and reporting.

Please provide detail on your data elements, including corresponding data dictionary, that would be shared. Also provide sample reporting you would provide to the State that tracks program performance.

12. RE: 6.4.12 - "Do you operate a transactional website? Please describe." Can the State further define what is meant by the term "transactional website"?

13. See response to Question 6 above. RE: 7.2.1 - Please confirm the State's preferred go-live date for the proposed solution?

October 1, 2022

14. RE: General - Are there specific quality measures or cost containment goals the State has for this initiative and selected vendor? What measures define success?

We are seeking to identify focused programs and vendors to support and engage our members in dealing with common healthcare challenges. Through these programs we hope to provide members with the tools needed to improve their health. It is expected that these initiatives will help reduce overall healthcare spending.

15. RE: General - Would the State be open to sharing some healthcare spending data in order for the proposer to perform an ROI analysis? We can commit to ROI guarantees but would need data for the analysis.

See public reports below:



StateHealthPlan_CY20
21 (1).pdf



StateHealthPlan_2021
(3).pdf

16. Would OSC consider revising your timeline slightly to afford more time to submit questions? Vendors are digesting a complex portal, 170+ questions plus attachments. Would you consider a June 8, 2:00 pm ET due date for vendor questions? This still would allow you a week to answer vendor questions. Thanks for your consideration.

The due date was extended.

17. Please provide current prevalence rates for Chronic Conditions in both populations: Diabetes, Pre-Diabetes, Obesity, Hypertension, MSK. Thank you!

Condition	Active	Pre-Medicare Retirees	Medicare Retirees	All
Diabetes	6.4%	11.2%	21.0%	10.0%
Pre-Diabetes	7.1%	11.4%	18.5%	10.0%
Obesity	15.4%	21.1%	20.9%	17.3%
Hypertension	19.0%	35.0%	74.1%	32.4%

Member Count - CY 2021

MSK Type	Active/Non-Medicare Retiree	Medicare Retiree
Acute	18,294 (8.5%)	5,785 (10.2%)
Chronic	56,585 (26.4%)	26,987 (47.5%)
None	139,144 (65.0%)	24,031 (42.3%)

18. Please confirm the number and types (paper, USB, etc.) of hard copies to be submitted on 7/1/22.

See response to Question 7

19. In Section 2.1 it states: “Currently, there are 180,000+ participants in HEP under the State health plan; another 54,000+ members participate in HEP through the Partnership Plan.” However, in Section 11.1.2 it indicates “Full Population... - 143,000 active, non-Medicare retiree members and Medicare-eligible retiree members (includes Partnership)...” Can you please explain the discrepancy in member counts?

Section 2.1 (HEP membership) refers to the number of members (including spouses and dependents) who participate in HEP.

Section 11.1.2 refers to the number of enrolled employees or retirees (contracts). This does not include spouses and dependents.

20. Can you please provide the following Musculoskeletal data: Total medical spend per year (1 - 3 years) Total MSK spend per year (1 - 3 years) Number of covered lives per year ("Belly Buttons") 1 to 3 years of State of CT's actual MSK claim data based on ICD-10 code

Medical Allowed - Incurred CY 2021		
Claim Type	Active/Non-Medicare Retiree	Medicare Retiree
MSK	\$210,742,797	\$82,474,953
Other	\$1,522,854,739	\$570,928,754

21. Which party will be responsible for drafting an agreement for the services? Relatedly, how will Ironclad be involved in the contracting process?

OSC will be responsible for drafting an agreement for services. Ironclad is the manner of transmission for signature if needed.

22. Section 7 of the template contract contains business associate agreement language but states that it applies only if the Agency is a Covered Entity under HIPAA. Is the Agency a Covered Entity in this case?

Yes.

23. Can you please clarify what is meant by "minimum participation requirements" in RFP 5.2?

Will you offer your program without requiring a certain level of member participation or engagement?

24. Can you provide more detail about the data sharing contemplated in RFP 5.7?

There are no formal requirements or data specifications. We are requesting that you share data with the State's consultant (Segal) and Data Warehouse (HDMS). The data will be integrated into the warehouse and accessed for analysis and reporting.

Please provide detail on your data elements, including corresponding data dictionary, that would be shared.

25. Can you confirm the state's data warehouse vendor is Conifer Value-Based Care, LLC? Are there typically additional agreements that are required by the State for this data sharing (e.g., a data sharing or data use agreement)?

The State's Data Warehouse is HDMS and the State's Consultant is Segal. The successful bidder will be required to execute a data use agreement.

26. Section 2.5, RFP p. 5 - Please advise how many hardcopy proposals are desired. Should separate technical and cost proposal hardcopy binders be submitted, or is it acceptable for all information to be within the same binder?

See response to Question 7.

27. Section 2.5, RFP p. 5 - Please provide the address for the hardcopy submission required and to whose attention packages should be addressed to.

See response to Question 7.

28. Section 2.5, RFP p. 5 - For the hardcopies provided, should bidders include copies of all information submitted through Proposal Tech?

Yes.

Should bidders also include copies of information placed on CTSource?

No.

29. Section 4, Item #11, p. 9 - Please confirm the redacted copy can be submitted online only through the portal in lieu of a "separate thumb drive" as currently instructed.

Not Confirmed, the Business Office requires that a thumb drive containing the redacted RFP response be provided with the hard copy.

30. Section 6, Item #6.1.4, p. 17 - To ensure compliance, please provide OSC's definition of a multiemployer plan and provide an example.

Please note that the State of Connecticut is not a multiemployer plan. It is a Public Sector State Government plan. Please provide your experience with Public Sector or State Plans.

31. Please provide detail regarding the nature of the of the interface between xxxx and Segal & HDMS. Please provide information regarding the purpose of the interface, any technical requirements for the interface, and content we will be required to provide.

There are no formal requirements or data specifications. We are requesting that you share data with the State's consultant (Segal) and Data Warehouse (HDMS). The data will be integrated into the warehouse and accessed for analysis and reporting.

Please provide detail on your data elements, including corresponding data dictionary that would be shared.

32. Claims data will be provided to the state, but please specify if there is a specific file specification for the claims data that's being requested. An enrollment file will be provided. What fields of information does that state require in the file provided to the state of enrolled employees. Also, please clarify how xx will access eligibility for State lives. How will the eligibility be provided, what fields of information will be included, and how will the vendor be able to verify eligibility (i.e. ANSI X12 270/271 files) on an ongoing basis. If an eligibility file is being provided to xx please provide a specification document. Also, please clarify what the transmission methods with be required for the files.

There are no formal requirements or data specifications. We are requesting that you share data with the State's consultant (Segal) and Data Warehouse (HDMS). The data will be integrated into the warehouse and accessed for analysis and reporting.

Please provide detail on your data elements, including corresponding data dictionary that would be shared.

Details on the fields of information required for eligibility and transmission method will be discussed with the awarded contractor as part of the implementation process.

- 33.** Summary of population health risk prevalence and severity - What is the scope for the health risk prevalence analysis? Is this confined to metabolic health? •

This is not confined to metabolic health and should encompass a holistic approach to the member's needs.

- 34.** Consistency in health risks determined by Health Risk Assessments and by screenings - Do you have a specific definition and criteria that you use for identifying health risk?

No – please provide the definition and criteria you would propose using.

- 35.** Difference in differences cost analyses between participant and non-participant cohort populations - How will the participant and non-participant data be made available? What are the types of data that would be shared?

It is OSC's goal to integrate the digital health engagement and other relevant information available into our data warehouse (HDMS) to be able to perform cost analyses on differences in cohorts between populations. This information would help identify the success of the program and areas of improvement. We encourage open dialogue with the awarded contractor on how this can be utilized for ongoing program monitoring and enhancements.

- 36.** Differences in primary care and preventive visit utilization by cohort - Will the PCP data be available to the platform?

PCP data will be available in the platform.

- 37.** Please provide additional detail describing the eligibility process and how the vendor will be notified of who's eligible.

Details on the fields of information required for eligibility and transmission method will be discussed with the awarded contractor as part of the implementation process.

- 38.** Please confirm your experience sharing data with data warehouses. Provide details. - Can you please clarify what your expectations are for sharing data with the data warehouse including what data is being requested, any details about file specification documents, and the process for sending and receiving data from your data warehouse. • Confirm you can share data on a monthly basis - Please indicate what data will be requested on a monthly basis.

There are no formal requirements or data specifications. We are requesting that you share data with the State's consultant (Segal) and Data Warehouse (HDMS). The data will be integrated into the warehouse and accessed for analysis and reporting.

Please provide detail on your data elements, including corresponding data dictionary, that would be shared.

- 39.** Which languages does State of CT anticipate will be needed to support engagement?

The top 10 languages for which support has been requested from our medical carrier are as follows:

1. Spanish
2. Korean
3. Vietnamese
4. Mandarin
5. Arabic
6. Russian
7. Cantonese
8. Haitian Creole
9. Farsi
10. Dari

40. Is this adherence too?

No

41. RE: pricing (Q11.1.1 and Q11.1.2), our model is a PPPM fee whereas your pricing table is for PEMPM. Should we put our fees in the column marked "Other" and leave the column marked PEMPM blank?

Yes

42. Since Diabetes is not a disease that can be cured, can you please explain "Pre-Diabetes Management / Reversal and Diabetes Management / Reversal" definitions? Are you referring to members who are in "good" control?

"Pre-Diabetes Management / Reversal and Diabetes Management / Reversal" is written to allow you to outline your program objectives and the clinical pathways utilized to achieve your definition of success.

43. Please advise on the content of the transmittal letter mentioned in Section 4.1.

Is the vendor agreeing to Sections 4.1.1 - 4.1.8 OR is it everything in Section 4.1? Confirm that the statement "Contractors responding to this RFP must be willing to adhere to the following conditions and must affirmatively state their adherence to these requirements with a transmittal letter appended to their proposal response" must be included in the transmittal letter and signed by a company representative. If the vendor doesn't agree to all the terms, is it acceptable to refer to Attachment 12.1 Bid Exceptions/Deviations?

Yes, that is acceptable.

44. Within the RFP documents, you state the following:

2.5.1 Other documents and information that may be helpful in preparing your proposal may be accessed via the Internet. Bidders are responsible for checking the OSC website for the most up to date information - <http://www.osc.ct.gov/benefits/medical.htm>

Given that the vendor must use ProposalTech to submit the response, shouldn't

ProposalTech and Segal update the portal if there are other documents that the vendor must respond to? Additionally, if there are other attachments, how does this reflect the timeline?

The documents referred to above describe the State Employee Health plan and may be helpful to bidders. There are no response requirements.

45. Please provide specifications/requirements/details around interface requirements/systems?

There are no formal requirements or data specifications. We are requesting that you share data with the State’s consultant (Segal) and Data Warehouse (HDMS). The data will be integrated into the warehouse and accessed for analysis and reporting.

Please provide detail on your data elements, including corresponding data dictionary, that would be shared.

46. What are the format requirements for claims data and reporting?

There are no formal requirements or data specifications. We are requesting that you share data with the State’s consultant (Segal) and Data Warehouse (HDMS). The data will be integrated into the warehouse and accessed for analysis and reporting.

Please provide detail on your data elements, including corresponding data dictionary, that would be shared.

47. 6.4.12- can you please clarify this question, specifically what is meant by transactional website?

See response to Question 6.

48. There is a reference to hard copy proposals, however there are no instructions to submit hard copy proposals. Can you please provide these instructions as well as whether hard copy proposals will be required if we submit our answers through ProposalTech?

See response to Question 7.

49. Total number of plan members diagnosed with type 2 diabetes?

Status	Type II Diabetics
Active	9,740
Pre-Medicare Retiree	2,450
Medicare Retiree	10,468

50. Total number of plan members diagnosed with type 1 diabetes?

Status	Type I Diabetics
Active	1,826
Pre-Medicare Retiree	1,306

Medicare Retiree	1,418
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51. Total number of plan members diagnosed with prediabetes?

Status	Pre-Diabetics
Active	12,881
Pre-Medicare Retiree	3,825
Medicare Retiree	10,430

52. Total number of plan members diagnosed with obesity?

Status	Obesity
Active	28,056
Pre-Medicare Retiree	7,074
Medicare Retiree	11,813

53. 6.4.16- please elaborate on how you envision single-sign-on to work in collaboration with your other health and wellbeing partners? We would like to understand the "why" behind this question.

OSC wants a centralized vendor that coordinates account credentials, producing a seamless web navigation experience where a member can log-in in a single location and access personalized features of most, or all, vendor websites (medical, dental and pharmacy carriers; Health Enhancement Program portal; etc.). The State contemplates issuing an RFP for a vendor to provide that role.

54. 7.2.1.1 5- can you please elaborate on all of the plan's security requirements?

All vendors are expected to be compliant with HIPAA and HiTech Act requirements for use, secure transmission and storage of PHI, the details of which are elicited in RFP Section 6.5 6.5 HIPAA and Security Compliance. In addition, all vendors are required to commit to providing securing personally identifiable information ("PII"), providing prompt notice (and taking remedial action) in response to any inadvertent or unauthorized disclosure of PII under CT's data breach notification laws.

55. 8.6, 9.14, 10.8- over what period of time are you wanting clinical case studies/information?

Whatever period of time you deem appropriate

56. 10/1/22 is the "effective date" for the contract, can you please elaborate on what this means to Connecticut? What would you like to see in place by 10/1/22?

The presumed effective date of this contract and start of services is 10/1/22.

57. Please specify date/time when the following actions/responses/documents must be completed for: 1. Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms> 2. The OPM Ethics Form, Campaign Contribution Certification: to be signed, dated, notarized, and uploaded to CTSource 3. Bidder Contract Compliance Monitoring Report uploaded to CTSource.

These must be uploaded to CTSource and confirmed prior to submission of proposals.

58. xx understands a hard copy of our RFP response is due by 2:00 PM EDT on July 1. Please specify contact name and address for our submission of the hard copy response, as well as any other requirements for the hard copy document or the hard copy RFP submitted document, can we submit in our template to include a cover letter and Executive Summary? We will, of course, follow the original format provided.

Yes. See response to Question 7 for delivery details.

59. For Section 7.2.1.1, #5: "Ability to pass all the Plan's security requirements." Please describe/list Plan's security requirements.

See response to Question 54.

60. Will OSC consider alternative fee arrangements outside of PEPM?

Yes

61. Can you provide a list of current providers for disease state management and/or Digital Therapeutics services for your active employees, and retired employees and dependents?

Livongo, Upswing Health, Wellspark (CMSi) (for HEP and DPP), the medical and pharmacy carriers.

62. What would you identify as your main pain point(s) today with regards to disease state management and/or digital therapeutics for your active employees, and retired employees and dependents?

We want to provide our members with the kind of support they need to make meaningful changes. The goal is to find programs to promote a member's ability to deal with chronic condition(s) by providing practical solutions and a level of attention that cannot be achieved during the occasional healthcare coaching session or annual wellness visit.

63. Do you currently track member satisfaction? If so, can you provide satisfaction statistics today?

Member satisfaction data for discrete programs is not currently tracked.

64. Who is your current data warehouse vendor? How are OSC disease state management/digital therapeutic programs integrated from a member experience perspective? And, how are these disease state management/digital therapeutics programs integrated from a data perspective?

HDMS is the current data warehouse. The data for these programs being requested are not yet integrated into the data.

65. How will member communication be led? Vendor led communication to members or OSC-led communication

A combination of both.

66. Can OSC provide Claims and demographics data for eligible participants?

See public reports below:



StateHealthPlan_CY20
21 (1).pdf



StateHealthPlan_2021
(3).pdf

67. 6.6.5 Are you able to provide the following reporting? . Portal Utilization Please specify what portal you are referencing here?

The utilization by members of any portal established by a vendor in support of its program.

68. Can you confirm the process for printing a hard copy. Specifically, once the response are completed and submitted online with all attachments, what are the steps to download the response in a format for printing . For example, once submitted online will we be able to download in a print version such as Word and/or PDF that maintains the formatting you have provided online?

Yes, for more information you may contact Proposal Tech support.

69. Can you confirm we should submit our response via Proposal Tech, as well as provide a printed copy and a thumb drive with our redacted copy? If so, what address should proposals be delivered to? • Once we submit the intent to bid, does that need to be included in the mailed hardcopy?

Intent to Bid is not required to be submitted with the RFP response. See response to Question 7 for hard copy delivery details.

70. Section 7.2.1.1, question 5, can you please be more specific with what security requirements you are referring to? • We provide an application service and your contract does not cover these services. Would you be willing to look at our agreement as well?

See response to Question 54.

71. For section 3.4 Conflict of Interest: How would you like us to certify no relationship exists between the vendor and the State of Connecticut?

Conflict of Interest -Disclosure Statement. Respondents must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the Respondent and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. In the absence of any conflict of interest, a Respondent must affirm such in the disclosure statement. Example: “[name of Respondent] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85

72. Section 4.1, under number 8, this section says “Contractors responding to this RFP must be willing to adhere to the following conditions and must affirmatively state their adherence to these requirements with a transmittal letter appended to their proposal response.” Are the “following conditions” that need to be acknowledged in a transmittal letter items 9-28?

Yes.

73. Question 7.2.2.3 asks about digital coaching, as well as self-guided. Can you please elaborate on the differences between both of these models? • Is the State looking for a wellbeing engagement platform to house the clinical disease management and digital therapeutic solution? • Is your intent to retain and maximize utilization of or replace existing partners? • What are the current participation and outcomes on existing HEP, Livongo, DPP, Upswing Health pilot? Are there any learnings and/or opportunities for improvement? What worked well and how was it measured? • What role does CMSI play in member communications upon risk identification? Is member compliance tracked through claims? Are predictive analytics used in identifying individuals or is based on historical claims?

Please define engagement including the modalities and quality of the interactions, i.e. does clicking in the website and self-guiding through modules count as quality engagement? The State is looking at all options for housing its disease management and digital therapeutic solutions. There is no assumption that current vendors will be given priority in this procurement.

HEP Compliance is 98%, 14% of eligible members are enrolled in Livongo, DPP and Upswing data is not available.

CMSI manages the HEP program and reports compliance. Members are reminded of their requirements throughout each year. All available means of communication are utilized. Member compliance and risk are tracked through claims.

74. Would the State be interested in responses that involve the use of multiple point solutions working together?

This would be considered.

75. Will a winner be awarded for each of the three chronic disease categories? - We believe that the RFP includes the active employee population, the early retiree population, and the Connecticut Partnership Plan population, along with the covered dependents within these groups. Can you confirm that our understanding is correct and also confirm the total number of covered lives in these populations?

One single vendor would provide services for all three populations.

Total Covered lives:

State Actives:

- Employees: 47,686
- Members: 114,815

State Non-Medicare Retirees:

- Retirees: 17,374
- Members: 33,645

State Medicare Retirees

- Members: 53,076

Partnership

- Employees/Retirees: 29,263

- Members: 67,202

Partnership Medicare Retirees

- Members: 2,800

76. Can you confirm whether the RFP also includes the Medicare eligible retirees and their Medicare eligible dependents in the MA population and, if so, the total number of covered lives in that population?

This is the intent, there are approximately 56,000 Medicare covered lives

77. Section 3: Response Instructions - Section 3.4 requires that the “Vendor shall certify in writing that no relationship exists between the Vendor and the State of Connecticut that interferes with fair competition or is a conflict of interest...” Though we see the Affirmation of Receipt of State Ethic Laws, we do not see a separate conflict of interest certification included in the RFP or its attachments. Is there a form we should use to provide the appropriate certification, or will this be part of the contracting process for the successful bidder?

See response to Question 71.

78. Section 6: General Questionnaire - Under 6.4.8, are there specific multilingual and translation requirements that will need to be met under this RFP? If so, please specify.

See response to Question 39

79. 6.4.19 references an “engagement portal.” What is this and what is its function?

The question refers to the capabilities of a vendor’s member portal to target communications, resources, and activities by division, location, job code, health plan, language, or other subsets.

80. Under question 7.2.1.1, #8: Does the State have a definition for “engaged member?” If so, please share. If not, we will include our definition of engaged member in our pricing proposal along with any qualifications or limitations. Please confirm this is the correct approach.

Yes, this is the correct approach.

81. Under question 7.2.1.1, #10: Similar to the above question. Does the State have existing performance and implementation metrics that will govern the 30% and 10%, respectively, of the fees at risk? If so, please share. If not, we will include our proposed metrics for the at-risk fees, along with any qualifications and limitations, in our pricing proposal. Please confirm this is the correct approach.

Yes, this is the correct approach.

82. If bidder is already a provider of health care services to the State, and is awarded the contract resulting from this RFP, would the State intend to execute a separate agreement with bidder covering the Disease State Management and/or Digital Therapeutics program, or

would the State prefer to amend its existing contract with bidder to add these additional programs?

We have no preference on that issue. However, if an existing contract is amended the term of the vendor's engagement for a particular service would be governed by the term of the underlying contract.

83. Will an extension be granted on the final RFP submission within ProposalTech?

This is not being contemplated at this time.

84. Please confirm there is no hardcopy requirement. Otherwise, please provide details.

See response to Question 7.

85. Are you looking to replace current programs or have the vendor integrate with your current programs? Please detail. Knowing you have Upswing Health and Livongo today, can you clarify if you look to replace these programs or if there are capabilities they do not provide for you today that this project is looking for?

This RFP is open to all vendors and programs on equal terms. There is no assumption that current vendors will be given priority in this procurement.

86. How are you getting compliance data for HEP regulations (seeking of care / adherence to the condition-specific education) today? For the Health Enhancement Program (HEP), how are members made aware of required preventative services and is there any steerage where to get the services? Do they receive emails, phone calls, texts, etc and how often is the information of required services communicated?

CMSI manages the HEP program and reports compliance. Members are reminded of their requirements throughout each year. All available means of communication are utilized.

87. For the Site of Service Program (SOS), how are members able to find preferred providers and service locations? Can you provide engagement metrics around this?

Members utilize the OSC "Health Navigator", which assists them with finding preferred providers in the Site of Service program. These providers are also identified in the Anthem State microsite. Engagement is very high.

88. Knowing you have programs in place already for MSK & Diabetes, what are the desired engagement rates you look to achieve?

This RFP is open to all vendors and programs and does not assume that current vendors will be awarded this contract. OSC is looking for each bidder to describe and propose engagement rates for their own programs.

89. For question 7.2.2.3 what is meant by Synchronous in the table header? Multiple conditions or multiple individuals?

Synchronous refers to real time interactions between a clinician and the member.

90. Please provide the following information regarding estimated covered lives within the various groups within the Plan: A. Active State Employees (i) number of active employees: _____ (ii) number of dependents: _____ (iii) total covered lives: _____ B. Retired State Employees Pre-65 (i) number of pre-65 retirees: _____ (ii) number of their dependents: _____ (iii) total covered lives: _____ C. Partnership Active Employees (i) number of active employees: _____ (ii) number of their dependents: _____ (iii) total covered lives: _____ D. Partnership Retired Employees Pre-65 (i) number of pre-65 retirees: _____ (ii) number of their dependents: _____ (iii) total covered lives: _____

- a) Active State Employees
 - i) number of active employees: 47,686
 - ii) number of dependents: 67,129
 - iii) total covered lives: 114,815
- b) Retired State Employees Pre-65
 - i) number of pre-65 retirees: 17,374
 - ii) number of their dependents: 16,271
 - iii) total covered lives: 33,645
- c) Partnership Active Employees (includes all 1.0)
 - i) number of active employees: 27,043
 - ii) number of their dependents: 36,761
 - iii) total covered lives: 63,804
- d) Partnership Retired 2.0 Employees 2.0 Pre-65
 - i) number of pre-65 retirees: 2,220
 - ii) number of their dependents: 1,178
 - iii) total covered lives: 3,398

91. Please confirm whether the following services require preauthorization and/or prenotification by the State's carrier and/or utilization manager:

- a. Advanced imaging (MRI, CT, PET, MRA, other advanced image)

Confirmed, prior authorization is required

- b. Physical therapy and/or chiropractor

Prior authorization may be required for physical therapy

- c. Pain management

No prior authorization is required however it must be ordered by a pain management specialist

- d. Surgery

Confirmed, prior authorization is required

92. Please identify the utilization manager(s) for the State.

The medical and pharmacy plans are the utilization managers.

93. Please confirm whether the State's utilization manager(s) will provide timely information to the selected vendor(s) and the frequency with which such information will be provided.

Details on claim and utilization information will be discussed with the awarded contractor as part of the implementation process.

94. Please confirm whether the State's carrier will provide claims data to the selected vendor(s) at a frequency of not less than monthly.

Details on claim and utilization information will be discussed with the awarded contractor as part of the implementation process.

95. For purposes of PT and/or medical provider selection and recommendation, please confirm whether the selected vendor would have access to: a. Centers of Excellence network b. Networks of Distinction c. Upswing providers d. JointStrong providers e. Other network(s) currently providing services to the Plan

The selected vendor will have access to the list of providers who participate in each relevant program.

96. Does the Plan currently provide members with access to virtual physical therapy vendor? If so, who is that vendor(s)?

Upswing Health

97. Does the Plan provide members with access to a virtual expert medical advice/2nd opinion vendor? If so, who is the vendor(s)?

No, Health Navigator will assist members with getting a second opinion and contacting a nurse if their own provider is unavailable.

98. Is the State of CT open to receiving a combined bid from two vendors for all requested services within the RFP?

Yes, this would be considered.

99. In the timeline for the RFP, the 'effective date' is October 1, 2022 - does this also represent the 'launch date' for services to be available? Or, is this a program that will go live on a later date (i.e. 1/1/23)?

October 1, 2022 represents the desired launch date.

100. Can you please confirm the total population to be serviced as part of this RFP? We are seeing two different sets of numbers in the RFP document: -65,000 active employees and non-Medicare retirees covered by the plan + 53,000 Medicare retirees (118k total population) -180,000+ participants in HEP under the State health plan + 54,000+ members participate in HEP through the Partnership Plan (234k total population)

State Actives:

Employees: 47,686

Members: 114,815
State Non-Medicare Retirees:
Retirees: 17,374
Members: 33,645

State Medicare Retirees

Members: 53,076

Partnership

Employees/Retirees: 29,263
Members: 67,202
Partnership Medicare Retirees
Members: 2,800

The difference in the enrollment numbers mentioned is total employee counts versus HEP participants. Also, HEP does not apply to the Medicare retirees.

101. For hardcopy delivery of the proposal response, what is the requirement? For example, are respondents to prepare a hardcopy only for the State of CT? Or, should another be sent to Segal as well?

See response to Question 7.

102. What percentage of the HEP eligible population enroll in the program? What percentage of HEP enrollees have completed all requirements?

98% of the HEP eligible members enroll in and have completed all requirements.

103. What is required to be live by Oct 1st? Are you anticipating a phased implementation?

The anticipated date for start of services under this contract is October 1, 2022.

104. Please provide any additional details around the expectations for the program start date of Oct 1st.

The anticipated date for start of services under this contract is October 1, 2022.